bread-and-butter coronary artery bypass graft operation to be performed by a first-day, first-year resident physician. Residency programs should focus on learning to harvest ITAs in skeletonized fashion, and how to use them. Considering that skeletonized BITA also substantially lowers sternal infection rate¹² compared with pedicled BITA, it should become the exclusive technique used with patients undergoing coronary revascularization.

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LEFT-RIGHT CHOICE IN CORONARY ARTERY BYPASS GRAFTING SURGERY

Reply to the Editor:

We thank Dr Karangelis for his comments on our recent article.¹ We agree that the left coronary system represents the first target for bilateral internal thoracic artery (BITA) grafts,

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and that the role of BITA grafting for right coronary artery revascularization is less relevant.² The BITA graft should be used for the right coronary artery when no targets suitable for the BITA graft are present on the left coronary artery system. As suggested by other reports,² BITA grafts to the right coronary artery should be used only in the presence of severe proximal stenosis and viable myocardium in its distribution (good runoff). In the case of BITA grafting to the left coronary system, the radial artery remains a valid alternative for right coronary artery revascularization, particularly in young patients with long life expectancy.³

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TOPOGRAPHIC MAPPING OF REGIONAL CONTRACTILE INJURY IN ISCHEMIC MITRAL REGURGITATION: ARE REGIONAL SHAPE DEFORMATION INDICES ANSWER ENOUGH?

To the Editor:

We read with great interest the article by Lancaster and colleagues¹ regarding regional left ventricular contractile injury in ischemic mitral regurgitation (MR). Magnetic resonance imaging-based multiparametric strain analysis demonstrated severe normalized contractile injury in the papillary muscle-related left ventricular subregions in